Washington Metropolitan Area Transit Commission

2012 Carrier Annual Report Form

NEW THIS YEAR:

- · Annual reports can now be filed online at www.wmatc.gov. Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before January 31, 2012. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a late fee pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.

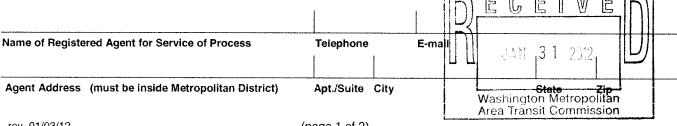
CARRIER:

1481	Natrajakumar Sampangiraj, t/a Sunrise Limousine Service							
*WMATC No. USDOT	lo. (if applicable) *Name of Ca	rrier (as shown on certificate of authority)						
3405 Saint Theresa Court		Olney	MD	20832-2546				
*Street Address of Principal Place of Business		Apt./Suite City	State	Zip				
P.O. Box 1674		Olney	MD	20830-1674				
Mailing Address (if different from street address)		Apt./Suite City	State	Zip				
(240) 271-0731	(301) 260-1069	(301) 570-1047 snkumar10@	@hotmail.com					
*Telephone	Other Telephone	Fax E-mail						

CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

*Telephone	Other Telephone	Fax	E-mail			
(240) 271-0731	(301) 260-1069	(301) 570-	1047 snkumar10@hotmail.com			
*Name		*Title				
Mr. Natrajakumar Sampangiraj		Sole Prop	Sole Proprietor			

REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS *Complete section 3 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description



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follo vehi	wing thre	ee options: (check the bo	EHICLES USED IN WMATC OPERA 1) list your vehicles below; (2) make x indicating all information is accurate wn vehicle list to both pages of this form	any necessare, and return	ry correction the list with	ons on the	e enclosed
Fleet No. fapplicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	*Wheelchai Lift or Ramp Yes/No
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			North Parking Man				:
6. *CEF	RTIFICAT	TION:					
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examine	d it, and t	hat the infor	mation contained in it is true, correct, a	nd complete a	s of this da	ate.	at i nave
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<i>NA</i> ~	e or Print)	•	*Sign	ature	70M4 28, 201		